

Fill in this information to identify the case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF TEXAS

Case number (if known)

Chapter 11

☐ Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/24

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name **Mana Group Pharmacies, LLC**

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

DBA Brown's Pharmacy

3. Debtor's federal Employer Identification Number (EIN) **82-4459460**

4. Debtor's address **Principal place of business**

**2021 N. MacArthur Blvd.,
Suite 120
Irving, TX 75061**

Number, Street, City, State & ZIP Code

Dallas

County

Mailing address, if different from principal place of business

**P.O. Box 743
Prosper, TX 75078**

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) **brownsrx.com**

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor **Mana Group Pharmacies, LLC**
Name

Case number (if known)

7. Describe debtor's business A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

4461

8. Under which chapter of the Bankruptcy Code is the debtor filing? Check one:

- ☐ Chapter 7
☐ Chapter 9

☒ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725 (amount subject to adjustment on 4/01/25 and every 3 years after that).
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and it chooses to proceed under Subchapter V of Chapter 11.
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
☐ Yes.

If more than 2 cases, attach a separate list.

District _____
District _____

When _____
When _____

Case number _____
Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☐ No
☒ Yes.

Debtor **Mana Group Pharmacies, LLC** Case number (if known) _____
 Name _____

List all cases. If more than 1, attach a separate list

Debtor **Christopher and Erika Tapper** Relationship **Owner**

District _____ When _____ Case number, if known _____

11. Why is the case filed in this district? Check all that apply:

☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
 What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other _____

Where is the property? _____
 Number, Street, City, State & ZIP Code _____

Is the property insured?

☐ No

☐ Yes. Insurance agency _____
 Contact name _____
 Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds Check one:

☒ Funds will be available for distribution to unsecured creditors.

☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☒ 1-49 ☐ 1,000-5,000 ☐ 25,001-50,000

☐ 50-99 ☐ 5001-10,000 ☐ 50,001-100,000

☐ 100-199 ☐ 10,001-25,000 ☐ More than 100,000

☐ 200-999

15. Estimated Assets

☐ \$0 - \$50,000 ☐ \$1,000,001 - \$10 million ☐ \$500,000,001 - \$1 billion

☐ \$50,001 - \$100,000 ☐ \$10,000,001 - \$50 million ☐ \$1,000,000,001 - \$10 billion

☒ \$100,001 - \$500,000 ☐ \$50,000,001 - \$100 million ☐ \$10,000,000,001 - \$50 billion

☐ \$500,001 - \$1 million ☐ \$100,000,001 - \$500 million ☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000 ☒ \$1,000,001 - \$10 million ☐ \$500,000,001 - \$1 billion

☐ \$50,001 - \$100,000 ☐ \$10,000,001 - \$50 million ☐ \$1,000,000,001 - \$10 billion

☐ \$100,001 - \$500,000 ☐ \$50,000,001 - \$100 million ☐ \$10,000,000,001 - \$50 billion

☐ \$500,001 - \$1 million ☐ \$100,000,001 - \$500 million ☐ More than \$50 billion

Debtor **Mana Group Pharmacies, LLC**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **March 27, 2025**
MM / DD / YYYY

X

Signature of authorized representative of debtor

Title **Managing Member**

Christopher Tapper
Printed name

18. Signature of attorney

Signature of attorney for debtor

David R. Langston 11923800
Printed name

Mullin Hoard & Brown, L.L.P.
Firm name

P.O. Box 2585
Lubbock, TX 79408
Number, Street, City, State & ZIP Code

Contact phone **806-765-7491**

Email address **drl@mhba.com**

11923800 TX
Bar number and State

Date **March 27, 2025**
MM / DD / YYYY

MINUTES OF SPECIAL MEETING OF
THE MEMBERS OF MANA GROUP PHARMACIES, LLC

March 24, 2025

The undersigned, being all of the Members of Mana Group Pharmacies, LLC (the "Company"), do hereby certify that at a special called meeting held on March 24, 2025, the following resolutions were adopted and unanimously passed by a quorum of the Members present and attending;

RESOLVED, that Mana Group Pharmacies, LLC, a Texas Limited Liability Company, be, and it hereby is authorized to file with the United States Bankruptcy Court for the Northern District of Texas (the "Bankruptcy Court") a voluntary petition under Chapter 11 of the Bankruptcy Code and that Christopher Tapper, the Managing Member of the Company, is authorized to perform any and all such acts (as an "Authorized Officer") of the Company as may be deemed to be reasonable, advisable, expedient, convenient, proper or necessary to effect the foregoing;

FURTHER RESOLVED, that the Authorized Officer be, and hereby is, authorized and empowered to retain, on behalf of the Company the law firm of Mullin Hoard & Brown, L.L.P., Lubbock, Texas, to act as counsel in the representation of the Company as debtor and debtor-in-possession, in such case under the Bankruptcy Code and in all matters arising in connection therewith, and such other officers, attorneys, advisors and accountants as the Authorized Officer so acting shall deem necessary or appropriate;

FURTHER RESOLVED, that the Authorized Officer be, and hereby is, authorized and empowered, on behalf of Mana Group Pharmacies, LLC in connection with any case commenced voluntarily under Chapter 11 of the Bankruptcy Code, to file or cause to be filed with the Bankruptcy Court, a Plan of Reorganization, together with any amendments or modifications thereto or restatements thereof (the "Plan") providing for the reorganization of the Company upon such terms as the Authorized Officer executing the same shall deem necessary or appropriate;

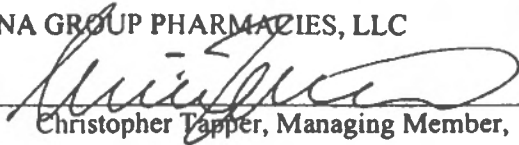
FURTHER RESOLVED, that the Authorized Officer be, and hereby is, authorized and empowered on behalf of Mana Group Pharmacies, LLC, to open up such bank accounts in approved depositories as authorized by the U.S. Trustee's Office, in order to deposit funds of the Company;

FURTHER RESOLVED, that the Authorized Officer be, and hereby is, authorized and empowered to take or cause to be taken any and all such further action, to execute and deliver any and all such further instruments and documents and to pay all such fees and expenses, as the Authorized Officer so acting shall deem appropriate in his judgment to fully carry out the intent and accomplish the purposes of these Resolutions; and

FURTHER RESOLVED, that all actions heretofore taken by the Authorized Officer, in the name of and on behalf of the Company, in connection with any of the foregoing matters are hereby in all respects ratified, confirmed and approved.

IN WITNESS WHEREOF, the undersigned does hereby certify that these resolutions were passed by the Members of the Company as of the 24th day of March, 2025.

MANA GROUP PHARMACIES, LLC



Christopher Tapper, Managing Member,

Erika Tapper, Member

Badih Elarba, Member

Nagib Elarba, Member

FURTHER RESOLVED, that all actions heretofore taken by the Authorized Officer, in the name of and on behalf of the Company in connection with any of the foregoing matters are hereby in all respects ratified, confirmed and approved.

IN WITNESS WHEREOF, the undersigned does hereby certify that these resolutions were passed by the Members of the Company as of the 24th day of March, 2025.

MANA GROUP PHARMACHES, LLC

Christopher Tappet, Managing Member,

Erika Tapper, Member



Badih Elarba, Member



Nagib Elarba, Member

Fill in this information to identify the case:

Debtor name **Mana Group Pharmacies, LLC**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**

Case number (if known)

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **March 27, 2025**

X

Signature of individual signing on behalf of debtor

Christopher Tapper
Printed name

Managing Member
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Mana Group Pharmacies, LLC**
 United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**
 Case number (if known): _____

☐ Check if this is an
 amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Americorp Financial 877 South Adams Road Birmingham, MI 48009	Sharon Martin smartin@financesevicecenter.com 973-576-0564	Parata Max2 Dispensing Robot		\$104,488.23	\$45,000.00	\$59,488.23
Amerisource Bergen (Cencora) 501 Patriot Pkwy. Roanoke, TX 76262	Jael Pleis jael.pleis@cencora.com 855-444-4624 ext. 1366189	Accounts, Inventory, Equipment and General Intangibles		\$832,833.59	\$0.00	\$832,833.59
ANDA 2915 Weston Rd. Fort Lauderdale, FL 33331	Sam Hess shess@slp.law 561-443-0821	Secondary Wholesaler				\$53,849.65
Bank of America P.O. Box 660441 Dallas, TX 75266		Credit Card				\$70,862.62
Chase Southwest P.O. Box 15298 Wilmington, DE 19850		Credit Card				\$67,523.28
DSA Group, Inc. Attn: Gary Daley 611 Crown Colony Drive Arlington, TX 76006	Gary Daley 817-235-3731	Note 1				\$99,918.45
DSA Group, Inc. Attn: Gary Daley 611 Crown Colony Drive Arlington, TX 76006	Gary Daley 817-235-3731	Note #2				\$335,188.63
FFF Enterprises 44000 Winchester Rd. Temecula, CA 92590	LaJuana Via lvia@fffenterprises.com 800-843-7477 ext. 6170	Secondary Wholesaler				\$8,586.48

Debtor **Mana Group Pharmacies, LLC**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Healthsource Distributors 7200 Rutherford Road, #150 Windsor Mill, MD 21244	Idy Moskowitz imoskowitz@healthsourcedist.com	Stock, Inventory, personal property, equipment, accounts receivable etc.		\$18,206.41	\$0.00	\$18,206.41
Independent Pharmacy Cooperative 1550 Columbus St. Sun Prairie, WI 53590	Wendy Neff wendy.neff.col@allianz-trade.com 443-675-2974	Secondary Wholesaler				\$42,371.15
Independent Pharmacy Distributor Attn: Mark Dumas, Jr. 1107 West Market Center Drive High Point, NC 27260	Mark Dumas mark.dumas@emplarhpo.com 336-203-3929	Secondary Wholesaler				\$53,595.00
IOU Financial 600 TownPark Lane Suite 100 Kennesaw, GA 30144	Wendy Gregory wgregory@amarecovery.com 713-352-7270	All personal property of Debtor		\$231,536.12	\$0.00	\$231,536.12
Kapitus 2500 Wilson Boulevard Suite 350 Arlington, VA 22201	Jacqueline Toback jtoback@kapitus.com 646-854-1007	MCA/Short Term Loan		\$161,141.96	\$0.00	\$161,141.96
Keysource 7820 Palace Dr. Cincinnati, OH 45249	payments@keysourcusa.com 800-842-5991	Secondary Wholesaler				\$12,047.36
Live Oak Bank 1741 Tiburon Drive Wilmington, NC 28403	Helen Stevens helen.stevens@liveoak.bank	Accounts, Equipment, Furniture and other Tangible Assets, Inventory, General Intangibles, Chattel Paper, Instruments		\$2,085,506.68	\$145,894.00	\$1,939,612.68
NCPA Card Affinity Finance 1178 Broadway, 3rd Floor, #304 New York, NY 10001		Credit Card				\$25,965.38

Debtor **Mana Group Pharmacies, LLC**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Pioneerrx, LLC P.O. Box 53407 Shreveport, LA 71135	Ashley Ray Ashley.Daniel@red sailtechnologies.co	All Business Assets, Inventory, Equipment etc.		\$7,936.55	\$0.00	\$7,936.55
Small Business Administration 10737 Gateway West, #300 El Paso, TX 79935		Equipment, Inventory, Accounts, Instruments, Chattel Paper, General Intangibles, deposit accounts, documents		\$499,768.86	\$0.00	\$499,768.86
Specialty Capital 224 W. 35th Street Suite 500 #538 New York, NY 10001	Jeffrey Parrella jmp@awnrlaw.com 718-233-2916	MCA/Short Term Loans		\$146,132.65	\$0.00	\$146,132.65
Top RX 2950 Brother Memphis, TN 38133	Bob Mason bobmason@esp-r m.com 985-231-6652	Secondary Wholesaler				\$39,272.00

Fill in this information to identify the case:

Debtor name **Mana Group Pharmacies, LLC**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 0.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 332,938.75
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 332,938.75

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 4,121,841.93
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 14,309.89
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 816,110.00
4. Total liabilities Lines 2 + 3a + 3b	\$ 4,952,261.82

Fill in this information to identify the case:

Debtor name **Mana Group Pharmacies, LLC**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

☐ No. Go to Part 2.

☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. **Cash on hand**

\$914.75

3. **Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Bank of America**

Checking

5068

\$1,300.00

3.2. **Bank of America**

Checking

5366

\$30.00

4. **Other cash equivalents (Identify all)**

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$2,244.75

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

☐ No. Go to Part 3.

☒ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. **Elevate Provider Network**

\$20,500.00

Debtor Mana Group Pharmacies, LLC Case number (if known) _____
Name

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$20,500.00

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 45,000.00 - 0.00 = \$45,000.00
face amount doubtful or uncollectible accounts

11a. 90 days old or less: 40,000.00 - 0.00 = \$40,000.00
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 2,300.00 - 0.00 = \$2,300.00
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 0.00 - 0.00 = \$0.00
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$87,300.00

Part 4: Investments

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies				

Debtor **Mana Group Pharmacies, LLC** Case number (If known) _____
Name

RX: \$46,204
OTC: \$3,000
Other items: \$500 **\$0.00** **\$49,704.00**

23. **Total of Part 5.** **\$49,704.00**
Add lines 19 through 22. Copy the total to line 84.

24. **Is any of the property listed in Part 5 perishable?**
☒ No
☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**
☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**
☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture 3 office chairs	\$0.00		\$25.00
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software Fax machine. copier/printer, (9) computer workstations, tv, phone system	\$0.00		\$662.00
42.	Collectibles <i>Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles</i> 42.1. Mortar and Pestle Figurines and Decorative Chemical Jars	\$0.00		\$300.00

43. **Total of Part 7.** **\$987.00**
Add lines 39 through 42. Copy the total to line 86.

Debtor **Mana Group Pharmacies, LLC** Case number (If known) _____
Name

44. Is a depreciation schedule available for any of the property listed in Part 7?
☐ No
☒ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?
☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
48. Watercraft, trailers, motors, and related accessories <i>Examples:</i> Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
49. Aircraft and accessories			
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
Parata Max2 Dispensing Robot	\$0.00		\$45,000.00
RXSafe Rapid Pack Packaging Robot	\$0.00		\$45,000.00
1 bubble-pack hotpress \$250 1 electronic scale \$35 Kirby Lester KL1 pill counter \$2,000 Compounding Equipment \$50 Pharmacy work counters/cabinets \$342 RX Inventory shelving \$534 OTC sales wall shelving \$3,625 OTC sales stand-alone display shelving \$800 Coffee service bar \$100 Storage room shelving \$150 2 standalone drink coolers \$317	\$0.00		\$8,203.00

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$98,203.00

52. Is a depreciation schedule available for any of the property listed in Part 8?
☐ No
☒ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?
☒ No
☐ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

Debtor **Mana Group Pharmacies, LLC** Case number (If known) _____
Name

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets			
61.	Internet domain names and websites			
62.	Licenses, franchises, and royalties Texas Board of Pharmacy License	\$0.00		Unknown
	DEA Certification and Registration	\$0.00		Unknown
63.	Customer lists, mailing lists, or other compilations Customer Lists	\$0.00		Unknown
64.	Other intangibles, or intellectual property			
65.	Goodwill			
66.	Total of Part 10. Add lines 60 through 65. Copy the total to line 89.			\$0.00
67.	Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
68.	Is there an amortization or other similar schedule available for any of the property listed in Part 10? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
69.	Has any of the property listed in Part 10 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

Current value of debtor's interest

71. **Notes receivable**
Description (include name of obligor)

Debtor <u>Mana Group Pharmacies, LLC</u> Name	Case number (If known) _____
---------------------------------------------------------	------------------------------

72.	Tax refunds and unused net operating losses (NOLs) Description (for example, federal, state, local)	
73.	Interests in insurance policies or annuities	
74.	Causes of action against third parties (whether or not a lawsuit has been filed)	
75.	Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims	
76.	Trusts, equitable or future interests in property	
77.	Other property of any kind not already listed <i>Examples: Season tickets, country club membership</i> Funds withheld by Heartland Global Payments as per demand of IOU.	<u>\$70,000.00</u>

Funds withheld by ExpressScripts Payments as per demand of IOU.	<u>\$4,000.00</u>
------------------------------------------------------------------------	--------------------------

Funds withheld by Compliant Pharmacy Alliance and sent to IOU per demand of IOU.	<u>\$0.00</u>
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78.	Total of Part 11. Add lines 71 through 77. Copy the total to line 90.	<div style="border: 1px solid black; padding: 5px; display: inline-block;"><u>\$74,000.00</u></div>
-----	---------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------

79.	Has any of the property listed in Part 11 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
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Debtor Mana Group Pharmacies, LLC Case number (if known) _____
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form
Type of property

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1	\$2,244.75	
81. Deposits and prepayments. Copy line 9, Part 2.	\$20,500.00	
82. Accounts receivable. Copy line 12, Part 3.	\$87,300.00	
83. Investments. Copy line 17, Part 4.	\$0.00	
84. Inventory. Copy line 23, Part 5.	\$49,704.00	
85. Farming and fishing-related assets. Copy line 33, Part 6.	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$987.00	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$98,203.00	
88. Real property. Copy line 56, Part 9.....>		\$0.00
89. Intangibles and intellectual property. Copy line 66, Part 10.	\$0.00	
90. All other assets. Copy line 78, Part 11.	+ \$74,000.00	
91. Total. Add lines 80 through 90 for each column	\$332,938.75	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$332,938.75

Fill in this information to identify the case:

Debtor name **Mana Group Pharmacies, LLC**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A	Column B
Amount of claim	Value of collateral that supports this claim
Do not deduct the value of collateral.	
\$104,488.23	\$45,000.00

2.1 Americorp Financial

Creditor's Name

**877 South Adams Road
Birmingham, MI 48009**

Creditor's mailing address

smartin@financeservicecenter.com

Creditor's email address, if known

Date debt was incurred

03/29/2022

Last 4 digits of account number

1601

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Parata Max2 Dispensing Robot

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.2 Amerisource Bergen
(Cencora)**

Creditor's Name

**501 Patriot Pkwy.
Roanoke, TX 76262**

Creditor's mailing address

jael.pleis@cencora.com

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

9092

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien

Accounts, Inventory, Equipment and General Intangibles

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
Check all that apply

\$832,833.59

\$0.00

Debtor **Mana Group Pharmacies, LLC** Case number (if known) _____
Name

- ☒ No ☐ Contingent
☐ Yes. Specify each creditor, including this creditor and its relative priority. ☐ Unliquidated ☐ Disputed

2.3 Cardinal Health 110, LLC Creditor's Name 7000 Cardinal Place Dublin, OH 43017 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien All Business Assets, Inventory, Equipment etc. Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Creditors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,120.88	\$0.00
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2.4 Healthsource Distributors Creditor's Name 7200 Rutherford Road, #150 Windsor Mill, MD 21244 Creditor's mailing address imoskowicz@healthsource dist.com Creditor's email address, if known Date debt was incurred Last 4 digits of account number 0470 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Stock, Inventory, personal property, equipment, accounts receivable etc. Describe the lien Secondary Wholesaler Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Creditors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$18,206.41	\$0.00
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2.5 Highland Capital Creditor's Name 370 Pascack Rd. Township of Washington, NJ 07676 Creditor's mailing address	Describe debtor's property that is subject to a lien RXSafe Rapid Pack Packaging Robot Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No	\$33,170.00	\$45,000.00
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Debtor **Mana Group Pharmacies, LLC**

Case number (if known)

Name

Creditor's email address, if known

Date debt was incurred

9/8/2020

Last 4 digits of account number

4823

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.6 IOU Financial

Creditor's Name

600 TownPark Lane
Suite 100
Kennesaw, GA 30144

Creditor's mailing address

wgregory@amarecovery.com

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

2891

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

All personal property of debtor

\$231,536.12

\$0.00

Describe the lien

MCA/Short Term Loan

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.7 Kapitus

Creditor's Name

2500 Wilson Boulevard
Suite 350
Arlington, VA 22201

Creditor's mailing address

jtoback@kapitus.com

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

3441

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

All personal property of debtor

\$161,141.96

\$0.00

Describe the lien

MCA/Short Term Loan

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.8 Live Oak Bank

Describe debtor's property that is subject to a lien

\$2,085,506.68

\$145,894.00

Debtor	Name	Case number (if known)
	Mana Group Pharmacies, LLC 1741 Tiburon Drive Wilmington, NC 28403 helen.stevens@liveoak.bank 7004	Accounts, Equipment, Furniture and other Tangible Assets, Inventory, General Intangibles, Chattel Paper, Instruments 10/09/2018 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
2.9	Pioneerrx, LLC P.O. Box 53407 Shreveport, LA 71135 Ashley.Daniel@redsailtechnologies.co, Date debt was incurred Last 4 digits of account number	Describe debtor's property that is subject to a lien All Business Assets, Inventory, Equipment etc. \$7,936.55 \$0.00 Describe the lien Non-Purchase Money Security Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
2.10	Small Business Administration 10737 Gateway West, #300 El Paso, TX 79935 Date debt was incurred Last 4 digits of account number	Describe debtor's property that is subject to a lien Equipment, Inventory, Accounts, Instruments, Chattel Paper, General Intangibles, deposit accounts, documents \$499,768.86 \$0.00 Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)

Debtor **Mana Group Pharmacies, LLC** Case number (if known) _____

Name

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1
1

Specialty Capital

Creditor's Name

**224 W. 35th Street
Suite 500 #538
New York, NY 10001**

Creditor's mailing address

jmp@awnrlaw.com

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

All personal property of debtor

\$146,132.65

\$0.00

Describe the lien

MCA/Short Term Loan

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$4,121,841.93

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

**AMA Collection Department
3131 Eastside Street, Suite 435
Houston, TX 77098**

Line **2.6**

**ASD Specialty Healthcare, LLC
1 West First Avenue
Conshohocken, PA 19428**

Line **2.2**

**Ekrem Hajra
Advanced Recovery Group
30 Two Bridges Rd., Suite 100
Fairfield, NJ 07004**

Line **2.11**

**EverBank, N.A.
10 Waterview Blvd.
Parsippany, NJ 07054**

Line **2.1**

Debtor	Case number (if known)
Mana Group Pharmacies, LLC Name	
Jeffrey Parrella AWN&R Law Group, PLLC 14 Wall Street, 20th Floor New York, NY 10005	Line <u>2.11</u>
RxSafe, LLC 2453 Cades Way, Suite A Vista, CA 92081	Line <u>2.5</u>
TIAA, FSB 10 Waterview Blvd. Parsippany, NJ 07054	Line <u>2.1</u>

Fill in this information to identify the case:

Debtor name **Mana Group Pharmacies, LLC**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim Priority amount

2.1 Priority creditor's name and mailing address
Dallas County Appraisal District
2949 N. Stemmons Fwy.
Dallas, TX 75247

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$0.00 \$0.00

Date or dates debt was incurred

Basis for the claim:

NOTICE PURPOSE ONLY

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

- ☒ No
☐ Yes

2.2 Priority creditor's name and mailing address
Dallas County Tax Office
500 Elm Street, Suite 3300
Dallas, TX 75202

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$6,794.42 \$6,794.42

Date or dates debt was incurred

Basis for the claim:

2024 Ad Valorem Taxes

Last 4 digits of account number **0000**

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor	Mana Group Pharmacies, LLC Name	Case number (if known)
--------	-------------------------------------------	------------------------

2.3	Priority creditor's name and mailing address Internal Revenue Service Special Procedures - Insolvency P.O. Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Basis for the claim: NOTICE PURPOSE ONLY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address Internal Revenue Service 1100 Commerce St. MC 5027 DAL Dallas, TX 75242-1100	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Basis for the claim: NOTICE PURPOSE ONLY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.5	Priority creditor's name and mailing address Irving ISD Tax Assessor/Collector P.O. Box 152021 Irving, TX 75015	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7,515.47	\$7,515.47
Date or dates debt was incurred Last 4 digits of account number 0000 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Basis for the claim: 2024 Taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.6	Priority creditor's name and mailing address Texas Comptroller of Public Accounts Revenue Accounting Division Bankruptcy Section P.O. Box 13528 Austin, TX 78711-3528	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Basis for the claim: NOTICE PURPOSE ONLY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Mana Group Pharmacies, LLC**
Name

Case number (if known)

2.7	Priority creditor's name and mailing address U.S. Trustee's Office 1100 Commerce St. Room 9C60 Dallas, TX 75242	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: NOTICE PURPOSE ONLY		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.8	Priority creditor's name and mailing address United States Attorney 1100 Commerce Street 3rd Floor Dallas, TX 75242	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: NOTICE PURPOSE ONLY		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address ANDA 2915 Weston Rd. Fort Lauderdale, FL 33331 Date(s) debt was incurred _____ Last 4 digits of account number <u>9986</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Secondary Wholesaler</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53,849.65
3.2	Nonpriority creditor's name and mailing address Balboa Capital Corp Attn: Business Center 575 Anton Blvd., 12th Floor Costa Mesa, CA 92626 Date(s) debt was incurred _____ Last 4 digits of account number <u>4232</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Phone System</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,930.00
3.3	Nonpriority creditor's name and mailing address Bank of America P.O. Box 660441 Dallas, TX 75266 Date(s) debt was incurred _____ Last 4 digits of account number <u>5E15</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70,862.62

Debtor	Mana Group Pharmacies, LLC Name	Case number (if known)
<hr/>		
3.4	Nonpriority creditor's name and mailing address Chase Southwest P.O. Box 15298 Wilmington, DE 19850 Date(s) debt was incurred _____ Last 4 digits of account number <u>2E15</u>	<div style="display: flex; justify-content: space-between;"><div>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div><div style="text-align: right;">\$67,523.28</div></div>
<hr/>		
3.5	Nonpriority creditor's name and mailing address DSA Group, Inc. Attn: Gary Daley 611 Crown Colony Drive Arlington, TX 76006 Date(s) debt was incurred <u>10/09/2018</u> Last 4 digits of account number _____	<div style="display: flex; justify-content: space-between;"><div>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note 1</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div><div style="text-align: right;">\$99,918.45</div></div>
<hr/>		
3.6	Nonpriority creditor's name and mailing address DSA Group, Inc. Attn: Gary Daley 611 Crown Colony Drive Arlington, TX 76006 Date(s) debt was incurred <u>10/09/2018</u> Last 4 digits of account number _____	<div style="display: flex; justify-content: space-between;"><div>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note #2</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div><div style="text-align: right;">\$335,188.63</div></div>
<hr/>		
3.7	Nonpriority creditor's name and mailing address FFF Enterprises 44000 Winchester Rd. Temecula, CA 92590 Date(s) debt was incurred _____ Last 4 digits of account number <u>5056</u>	<div style="display: flex; justify-content: space-between;"><div>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Secondary Wholesaler</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div><div style="text-align: right;">\$8,586.48</div></div>
<hr/>		
3.8	Nonpriority creditor's name and mailing address Independent Pharmacy Cooperative 1550 Columbus St. Sun Prairie, WI 53590 Date(s) debt was incurred _____ Last 4 digits of account number <u>0381</u>	<div style="display: flex; justify-content: space-between;"><div>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Secondary Wholesaler</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div><div style="text-align: right;">\$42,371.15</div></div>
<hr/>		
3.9	Nonpriority creditor's name and mailing address Independent Pharmacy Distributor Attn: Mark Dumas, Jr. 1107 West Market Center Drive High Point, NC 27260 Date(s) debt was incurred _____ Last 4 digits of account number <u>2163</u>	<div style="display: flex; justify-content: space-between;"><div>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Secondary Wholesaler</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div><div style="text-align: right;">\$53,595.00</div></div>
<hr/>		
3.10	Nonpriority creditor's name and mailing address Keysource 7820 Palace Dr. Cincinnati, OH 45249 Date(s) debt was incurred _____ Last 4 digits of account number <u>2894</u>	<div style="display: flex; justify-content: space-between;"><div>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Secondary Wholesaler</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div><div style="text-align: right;">\$12,047.36</div></div>

Debtor **Mana Group Pharmacies, LLC**
Name

Case number (if known)

3.11 Nonpriority creditor's name and mailing address

**NCPA Card
Affinity Finance
1178 Broadway, 3rd Floor, #304
New York, NY 10001**

Date(s) debt was incurred

Last 4 digits of account number **5E15**

As of the petition filing date, the claim is: Check all that apply

\$25,965.38

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Credit Card**

Is the claim subject to offset? ☒ No ☐ Yes

3.12 Nonpriority creditor's name and mailing address

**Top RX
2950 Brother
Memphis, TN 38133**

Date(s) debt was incurred

Last 4 digits of account number **N179**

As of the petition filing date, the claim is: Check all that apply

\$39,272.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Secondary Wholesaler**

Is the claim subject to offset? ☒ No ☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Allianz Trade Euler Hermes Collections North America Attn: Wendy Neff 100 International Drive, 22nd Fl. Baltimore, MD 21202	Line 3.8 <input type="checkbox"/> Not listed. Explain	—
4.2	Bradley Shraiberg Shraiberg Page, P.C. 2385 N.W. Executive Center Drive, Suite Boca Raton, FL 33431	Line 3.1 <input type="checkbox"/> Not listed. Explain	—
4.3	ESP Receivables Management, Inc. P.O. Box 1547 Mandeville, LA 70470	Line 3.12 <input type="checkbox"/> Not listed. Explain	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 14,309.89
5b. +	\$ 816,110.00
5c.	\$ 830,419.89

Fill in this information to identify the case:

Debtor name **Mana Group Pharmacies, LLC**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Lease Agreement on Phone System**

State the term remaining

List the contract number of any government contract _____

**Balboa Capital Corp
Attn: Business Center
575 Anton Blvd., 12th Floor
Costa Mesa, CA 92626**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Lease of Pharmacy Location**

State the term remaining

List the contract number of any government contract _____

**Healthcare Realty
Attn: Cathy Vodrozka
3310 West End Ave., #700
Nashville, TN 37203**

Fill in this information to identify the case:

Debtor name **Mana Group Pharmacies, LLC**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name	Mailing Address	Name	Check all schedules that apply:
2.1 Badih Elarba	1110 E. Branch Hollow, Apt. 341 Carrollton, TX 75007	DSA Group, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.6</u> <input type="checkbox"/> G _____
2.2 Badih Elarba	1110 E. Branch Hollow, Apt. 341 Carrollton, TX 75007	DSA Group, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.5</u> <input type="checkbox"/> G _____
2.3 Christopher Tapper	1764 Dartmoor Dr. Carrollton, TX 75010	Americorp Financial	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.4 Christopher Tapper	1764 Dartmoor Dr. Carrollton, TX 75010	Highland Capital	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.5 Christopher Tapper	1764 Dartmoor Dr. Carrollton, TX 75010	IOU Financial	<input checked="" type="checkbox"/> D <u>2.6</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Debtor **Mana Group Pharmacies, LLC**

Case number (if known)

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.
Column 1: Codebtor Column 2: Creditor

2.6	Christopher Tapper	1764 Dartmoor Dr. Carrollton, TX 75010	Kapitus	<input checked="" type="checkbox"/> D <u>2.7</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
-----	---------------------------	---------------------------------------------------	----------------	----------------------------------------------------------------------------------------------------------------------------

2.7	Christopher Tapper	1764 Dartmoor Dr. Carrollton, TX 75010	Specialty Capital	<input checked="" type="checkbox"/> D <u>2.11</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
-----	---------------------------	---------------------------------------------------	--------------------------	-----------------------------------------------------------------------------------------------------------------------------

2.8	Christopher Tapper	1764 Dartmoor Dr. Carrollton, TX 75010	Independent Pharmacy Distributor	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.9</u> <input type="checkbox"/> G _____
-----	---------------------------	---------------------------------------------------	---------------------------------------------	----------------------------------------------------------------------------------------------------------------------------

2.9	Christopher Tapper	1764 Dartmoor Dr. Carrollton, TX 75010	DSA Group, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.5</u> <input type="checkbox"/> G _____
-----	---------------------------	---------------------------------------------------	------------------------	----------------------------------------------------------------------------------------------------------------------------

2.10	Christopher Tapper	1764 Dartmoor Dr. Carrollton, TX 75010	DSA Group, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.6</u> <input type="checkbox"/> G _____
------	---------------------------	---------------------------------------------------	------------------------	----------------------------------------------------------------------------------------------------------------------------

2.11	Erika Tapper	1764 Dartmoor Dr. Carrollton, TX 75010	Small Business Administration	<input checked="" type="checkbox"/> D <u>2.10</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
------	---------------------	---------------------------------------------------	------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------

2.12	Erika Tapper	1764 Dartmoor Dr. Carrollton, TX 75010	Kapitus	<input checked="" type="checkbox"/> D <u>2.7</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.13	Erika Tapper	1764 Dartmoor Dr. Carrollton, TX 75010	IOU Financial	<input checked="" type="checkbox"/> D <u>2.6</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Debtor **Mana Group Pharmacies, LLC**

Case number (if known)

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.
Column 1: Codebtor Column 2: Creditor

2.14	Nagib Elarba	11700 Lago De Carda Dr. Austin, TX 78747	DSA Group, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.5</u> <input type="checkbox"/> G _____
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2.15	Nagib Elarba	11700 Lago De Carda Dr. Austin, TX 78747	DSA Group, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.6</u> <input type="checkbox"/> G _____
------	---------------------	-----------------------------------------------------	------------------------	----------------------------------------------------------------------------------------------------------------------------

Fill in this information to identify the case:

Debtor name **Mana Group Pharmacies, LLC**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

For year before that:
From 1/01/2023 to 12/31/2023

☒ Operating a business
☐ Other _____

\$6,179,880.00

For the fiscal year:
From 1/01/2022 to 12/31/2022

☒ Operating a business
☐ Other _____

\$5,626,718.00

For the fiscal year:
From 1/01/2021 to 12/31/2021

☒ Operating a business
☐ Other _____

\$5,275,214.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from
each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor **Mana Group Pharmacies, LLC**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Independent Pharmacy Distributor Attn: Mark Dumas, Jr. 1107 West Market Center Drive High Point, NC 27260	01/06/2025: \$4000 02/18/2025: \$4,157.47	\$8,157.47	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. Healthsource Distributors 7200 Rutherford Road, #150 Windsor Mill, MD 21244	01/10/25: \$2000 02/13/25: \$511.76 02/29/25: \$1051.97 02/21/25: \$2000.00 02/28/25: \$500 03/07/25: \$1000 03/14/25: \$1000	\$8,069.73	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.3. DSA Group, Inc. Attn: Gary Daley		\$15,476.64	<input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
------------------------------------------------------	-------	-----------------------	---------------------------------

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	-----------------------------------------	-----------------------	--------

Part 3: Legal Actions or Assignments

Debtor **Mana Group Pharmacies, LLC**

Case number (if known)

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Specialty Capital, LLC v. Mana Group Pharmacies, LLC d/b/a Brown's Pharmacy, and Christopher Andrew Tapper CI E2025003272	Collection	Supreme Court of the State of New York County of Monroe	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Debtor **Mana Group Pharmacies, LLC**

Case number (if known)

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Mullin Hoard & Brown, L.L.P. P.O. Box 2585 Lubbock, TX 79408	Attorney Fees	03/17/2025	\$50,000.00
	Email or website address drl@mhba.com			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
---------	-------------------------------

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:
- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	----------------------------------------------------------------------------------	---------------------------------------------------------------------------

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☐ No.
☒ Yes. State the nature of the information collected and retained.

Debtor **Mana Group Pharmacies, LLC**

Case number (if known)

Does the debtor have a privacy policy about that information?

- ☐ No
☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.

☒ Yes. Fill in below:

Name of plan
Inwest 401k

Employer identification number of the plan
 EIN:

Has the plan been terminated?

- ☒ No
☐ Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
----------------------------------------	---------------------------------	-------------------------------	------------------------------------------------------	-----------------------------------------

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
-----------------------------------------	-----------------------------------	-----------------------------	----------------------------

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Extra Space Storage 1509 W. Airport Freeway Irving, TX 75062	Chris Tapper	Old prescription files and some fixtures/shelves	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do

Debtor **Mana Group Pharmacies, LLC**

Case number (if known)

not list leased or rented property.

☒ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	-------------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed
-----------------------	-------------------------------------	----------------------------------------------------------------------------------	------------------------

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Date of service From-To
26a.1. Sykes and Co. 401 E. Church St. 3rd Fl. Edenton, NC 27932	Jan. 2018 - Dec. 2024

Debtor **Mana Group Pharmacies, LLC**

Case number (if known)

Name and address

**Date of service
From-To**

26a.2. **Jen Diehl
JRD Financials**

Jan. 2025 to present

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address

**Date of service
From-To**

26b.1. **Sykes and Co.
401 E. Church St.
3rd Fl.
Edenton, NC 27932**

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address

**If any books of account and records are
unavailable, explain why**

26c.1. **Jen Diehl
JRD Financials**

26c.2. **Sykes and Co.
401 E. Church St.
3rd Fl.
Edenton, NC 27932**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1. **Live Oak Bank
1741 Tiburon Drive
Wilmington, NC 28403**

26d.2. **Kapitus**

26d.3. **IOU Financial**

26d.4. **Specialty Capital**

26d.5. **HealthGrowth Pharmacy Advisors**

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No

☒ Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the
inventory**

Date of inventory

**The dollar amount and basis (cost, market,
or other basis) of each inventory**

Debtor **Mana Group Pharmacies, LLC**

Case number (if known)

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1	Jan. 22, 2025	

Name and address of the person who has possession of inventory records
Live Oak Bank
1741 Tiburon Drive
Wilmington, NC 28403

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Christopher Tapper	1764 Dartmoor Dr. Carrollton, TX 75010	Managing Member	51%
Erika Tapper	1764 Dartmoor Dr. Carrollton, TX 75010	Member	29%
Badih Elarba	1110 E. Branch Hollow, Apt. 341 Carrollton, TX 75007	Member	10%
Nagib Elarba	11700 Lago De Carda Dr. Austin, TX 78747	Member	10%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
☐ Yes. Identify below.

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	------------------------------------------------------	-------	--------------------------------

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

Debtor **Mana Group Pharmacies, LLC**

Case number (if known)

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☐ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

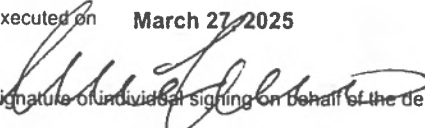
Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **March 27, 2025**


Signature of individual signing on behalf of the debtor

Christopher Tapper
Printed name

Position or relationship to debtor **Managing Member**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☐ No
☐ Yes

**United States Bankruptcy Court
Northern District of Texas**

In re **Mana Group Pharmacies, LLC**

Debtor(s)

Case No.
Chapter **11**

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
---------------------------------------------------------------	----------------	----------------------	------------------

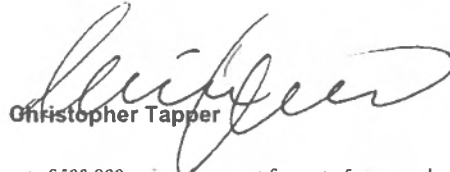
-NONE-

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **Managing Member** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **March 27, 2025**

Signature


Christopher Tapper

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS

In Re:

Mana Group Pharmacies, LLC

Debtor(s)

§
§
§
§
§
§
§

Case No.:

VERIFICATION OF MAILING LIST


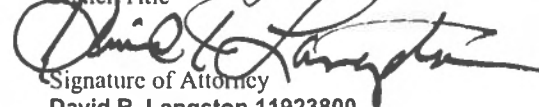
The Debtor(s) certifies that the attached mailing list (*only one option may be selected per form*):

- ☒ is the first mail matrix in this case.
- ☐ adds entities not listed on previously filed mailing list(s).
- ☐ changes or corrects name(s) and address(es) on previously filed mailing list(s).
- ☐ deletes name(s) and address(es) on previously filed mailing list(s).

In accordance with N.D. TX L.B.R. 1007.2, the above named Debtor(s) hereby verifies that the attached list of creditors is true and correct.

Date: **March 27, 2025**

Date: **March 27, 2025**


Christopher Tapper/Managing Member
Signer Title

Signature of Attorney
David R. Langston 11923800
Mullin Hoard & Brown, L.L.P.
P.O. Box 2585
Lubbock, TX 79408
806-765-7491 Fax: 806-765-0553

82-4459460

Debtor's Social Security/Tax ID No.

Joint Debtor's Social Security/Tax ID No.

Allianz Trade
Euler Hermes Collections North America
Attn: Wendy Neff
100 International Drive, 22nd Fl.
Baltimore, MD 21202

AMA Collection Department
3131 Eastside Street, Suite 435
Houston, TX 77098

Americorp Financial
877 South Adams Road
Birmingham, MI 48009

Amerisource Bergen (Cencora)
501 Patriot Pkwy.
Roanoke, TX 76262

ANDA
2915 Weston Rd.
Fort Lauderdale, FL 33331

ASD Specialty Healthcare, LLC
1 West First Avenue
Conshohocken, PA 19428

Badih Elarba
1110 E. Branch Hollow, Apt. 341
Carrollton, TX 75007

Balboa Capital Corp
Attn: Business Center
575 Anton Blvd., 12th Floor
Costa Mesa, CA 92626

Bank of America
P.O. Box 660441
Dallas, TX 75266

Bradley Shraiberg
Shraiberg Page, P.C.
2385 N.W. Executive Center Drive, Suite
Boca Raton, FL 33431

Cardinal Health 110, LLC
7000 Cardinal Place
Dublin, OH 43017

Chase Southwest
P.O. Box 15298
Wilmington, DE 19850

Christopher Tapper
1764 Dartmoor Dr.
Carrollton, TX 75010

Dallas County Appraisal District
2949 N. Stemmons Fwy.
Dallas, TX 75247

Dallas County Tax Office
500 Elm Street, Suite 3300
Dallas, TX 75202

DSA Group, Inc.
Attn: Gary Daley
611 Crown Colony Drive
Arlington, TX 76006

Ekrem Hajra
Advanced Recovery Group
30 Two Bridges Rd., Suite 100
Fairfield, NJ 07004

Erika Tapper
1764 Dartmoor Dr.
Carrollton, TX 75010

ESP Receivables Management, Inc.
P.O. Box 1547
Mandeville, LA 70470

EverBank, N.A.
10 Waterview Blvd.
Parsippany, NJ 07054

FFF Enterprises
44000 Winchester Rd.
Temecula, CA 92590

Healthcare Realty
Attn: Cathy Vodrozka
3310 West End Ave., #700
Nashville, TN 37203

Healthsource Distributors
7200 Rutherford Road, #150
Windsor Mill, MD 21244

Highland Capital
370 Pascack Rd.
Township of Washington, NJ 07676

Independent Pharmacy Cooperative
1550 Columbus St.
Sun Prairie, WI 53590

Independent Pharmacy Distributor
Attn: Mark Dumas, Jr.
1107 West Market Center Drive
High Point, NC 27260

Internal Revenue Service
Special Procedures - Insolvency
P.O. Box 7346
Philadelphia, PA 19101-7346

Internal Revenue Service
1100 Commerce St.
MC 5027 DAL
Dallas, TX 75242-1100

IOU Financial
600 TownPark Lane
Suite 100
Kennesaw, GA 30144

Irving ISD Tax Assessor/Collector
P.O. Box 152021
Irving, TX 75015

Jeffrey Parrella
AWN&R Law Group, PLLC
14 Wall Street, 20th Floor
New York, NY 10005

Kapitus
2500 Wilson Boulevard
Suite 350
Arlington, VA 22201

Keysource
7820 Palace Dr.
Cincinnati, OH 45249

Live Oak Bank
1741 Tiburon Drive
Wilmington, NC 28403

Nagib Elarba
11700 Lago De Carda Dr.
Austin, TX 78747

NCPA Card
Affinity Finance
1178 Broadway, 3rd Floor, #304
New York, NY 10001

Pioneerrx, LLC
P.O. Box 53407
Shreveport, LA 71135

RxSafe, LLC
2453 Cades Way, Suite A
Vista, CA 92081

Small Business Administration
10737 Gateway West, #300
El Paso, TX 79935

Specialty Capital
224 W. 35th Street
Suite 500 #538
New York, NY 10001

Texas Comptroller of Public Accounts
Revenue Accounting Division
Bankruptcy Section
P.O. Box 13528
Austin, TX 78711-3528

TIAA, FSB
10 Waterview Blvd.
Parsippany, NJ 07054

Top RX
2950 Brother
Memphis, TN 38133

U.S. Trustee's Office
1100 Commerce St.
Room 9C60
Dallas, TX 75242

United States Attorney
1100 Commerce Street
3rd Floor
Dallas, TX 75242